FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:06

DOCUMENT # 293182 (2)

1. Corporation Name
FLORIDA COMBINED INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
8665 BAYPINE RD. P O BOX 2458 JACKSONVILLE FL 32256	8665 BAYPINE RD. P O BOX 2458 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/21/1965
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1098056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PIES, HARVEY E.
532 RIVERSIDE AVE.
JACKSONVILLE FL 32231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☒ Addition
NAME	FLAHERTY, W.E.	1.2 NAME		
STREET ADDRESS	12316 MANDARIN ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		32223
TITLE	V	2.1 TITLE		☐ Change ☒ Addition
NAME	SIMMONS, D. R	2.2 NAME		
STREET ADDRESS	4333 CHARLESTON LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		32210
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	CASCONE, MICHAEL JR	3.2 NAME		
STREET ADDRESS	1255 ESTORIL DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	8022 James Island Trail	32256
TITLE	S	4.1 TITLE		☐ Change ☒ Addition
NAME	BAGNI, BRUCE N.	4.2 NAME		
STREET ADDRESS	2307 GREENSIDE COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL	4.4 CITY-ST-ZIP		32082
TITLE	T	5.1 TITLE		☐ Change ☒ Addition
NAME	PALLAIS, ROBERT A.	5.2 NAME		
STREET ADDRESS	12460 LYDIA WOODS COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		32258
TITLE	PD	6.1 TITLE		☐ Change ☒ Addition
NAME	LIPTAK, WALTER T.	6.2 NAME		
STREET ADDRESS	3205 OLD BARN COURT	6.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL	6.4 CITY-ST-ZIP		32082

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an addition.

SIGNATURE: [signature] Robert A. Pallais, Treasurer 1/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0020663 CP

FLORIDA COMBINED INSURANCE AGENCY, INC.

Officers & Directors (Continued)

ITEM #12 AND #13

TITLE	NAME	ADDRESS	CITY & STATE
D	ALBRIGHT, THOMAS E.	8132 Wekiva Way	Jacksonville Florida 32256
D	FAVINO, ANTONIO J.	546 Gulfstream Circle N.	Orange Park Florida 32073
D	DAVIDSON, BRUCE A. _X_ Change	505 Lancaster Street 12-C	Jacksonville Florida 32225